



Office of Racing Commissioner
PO Box 30773
Lansing, MI 48909
Phone: (517) 335-1420
Fax: (517) 241-3018
www.michigan.gov/horseracing

Office of Racing Commissioner KIMZEY SPLINT SIGN OUT

Date _____

Track _____

Horse Name _____ Tattoo Number _____

Trainer (Printed) _____ License No. _____

Attendant _____

Phone Number _____

Injury _____

Horse Transporting To _____

Transport Attendant _____

Licensed Trainer (Signature)

Date

Commission Veterinarian (Signature)

Date

The Kimzey leg splint must be returned to the Office of Racing Commissioner
within seven (7) days or the licensee will be fined.

Date _____

Track _____